Statement covers period from 12/31/2021  1. Type of Recipient Committee: Committee Parts 1, 2, 3, and 4		Date of election if applicable: (Month, Day, Year)  Type of Statement:  Reminantion Statement  Remination Statement Also file a Form 410 Termination)  Amendment (Explain Below)	Page -  Ouarterly Statement  Special Odd-Year Report	
Type of Recipient Committee: All Committees Striceholder, Candidate Controlled Committee  State Candidate Election Committee  Also Complete Part 5)  General Purpose Committee  Sponsored  Sponsored  Political Party/Central Committee  Committee Information  Committee Informati	4	Type of Statement:    Preelection Statement   Semi-annual Statement   Termination Statement   (Also file a Form 410 Termination)   Amendment (Explain Below)	☐ Quarterly Statement ☐ Special Odd-Year Report	
State Candidate Election Committee     State Candidate Election Committee     Hacoll     Also Complete Part 5)     General Purpose Committee     Sponsored     Small Contributor Committee     Political Party/Central Committee     Political Party/Central Committee     Committee Information     Committee Information     Committee Solo For Santa Maria City Council D		Preelection Statement  Semi-annual Statement Termination Statement (Also file a Form 410 Termination)	Ouarterly Statement Special Odd-Year Report	14
1.D. NUMBER  TE'S NAME IF NO COMMITTEE)  aria City Council District 3 20				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Gloria Soto for Santa Maria City Council District 3 2022	Ė	Treasurer(s)		
Gloria Soto for Santa Maria City Council District 3 2022	Ż	NAME OF TREASURER		
	∑   ₹ 8J	Monica Intaglietta MAILING ADDRESS 226 East Canon Perdido Street #D		
STREET ADDRESS (NO P.O. BOX)	0	CITY	STATE ZIP CODE	AREA CODE/PHONE
226 East Canon Perdido Street #D	S	Santa Barbara, CA 93101		8057090595
CITY STATE ZIP CODE	AREA CODE/PHONE N/	NAME OF ASSISTANT TREASURER, IF ANY		
Santa Barbara, CA 93101	805-709-0595	Jennifer Cooper		
MAILING ADDRESS (IF DIFFERENT) NO, AND STREET OR P.O. BOX	W	MAILING ADDRESS		
PO Box 5252	2	226 East Canon Perdido Street #D		
CITY STATE ZIP CODE	AREA CODE/PHONE CI	CITY	STATE ZIP CODE	AREA CODE/PHONE
Santa Maria, CA 93456		Santa Barbara, CA 93101		
OPTIONAL: FAX / E-MAIL ADDRESS	Ō	OPTIONAL: FAX / E-MAIL ADDRESS		

#### Verification 4

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge me information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

	By Signature of Treasurer or Assistant Treasurer	By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	By Circumstance of Darkalider Charidata State Maceure Danaged
1131122	1 L 1 LC	DATE	DATE	DATE
-	Executed on	Executed on	Executed on .	Executed on



committee
Controlled C
Candidate
Officeholder or
Ď.

6. Primarily Formed Ballot Measure Committee

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Gloria Soto						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	ER IF APPLICABLE)		BALLOT NO, OR LETTER	JURISDICTION		SUPPORT
City Council Member City of Santa Maria	3					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE	ZIP	Identify the controllin	g officeholder,	Identify the controlling officeholder, candidate, or state measure proponent, if	ure proponent, if
818 W Dante Drive Santa Mar	Santa Maria, CA 93458		any.			
Related Committees Not Included in this Statement: List any committees	List any committees	contributions or	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	DIDATE, OR PROPONE	ŢN	
make expenditures on behalf of your candidacy			OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	IF ANY
COMMITTEE NAME	I.D. NUMBER	ER				
NAME OF TREASURER	CONTROLL	CONTROLLED COMMITTEE?	7. Primarily Formed officeholder(s) or candid	Candidate/Offic tate(s) for which t	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	names of formed.
COMMITTEE ADDRESS (NO P.O. BOX)	O P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE	ANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
CITY STATE	ZIP CODE	AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	SANDIDATE	OFFICE SOUGHT OR HELD	as de la constant de
COMMITTEE NAME	I.D. NUMBER					OPPOSE
			NAME OF OFFICEHOLDER OR CANDIDATE	ANDIDATE-	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF TREASURER	CONTROL	ED COMM				OPPOSE
	L YES	N N	NAME OF OFFICEHOLDER OR CANDIDATE	SANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS (NO P.O. BOX)	D P.O. BOX)					OPPOSE
GITY STATE	ZIP CODE	AREA				

Statement	
Disclosure	Page
Campaign	Summary

Statement covers period 07/01/2021 from Amounts may be rounded to whole dollars.

through

16 ₫ ന Page 12/31/2021

1407086 I.D. NUMBER

Gloria Soto for Santa Maria City Council District 3 2022

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

		Column A	Column B	
Contributions Received	E)	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	Schedule A, Line 3 \$	0.00	\$ 0.00	General Elections
2. Loans Received	Schedule B, Line 3	0.00	0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1+2 \$	0.00	00.00	20. Contributions \$ 0.00 \$ 0.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	00.00	Tacopard
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3+4 \$	0.00	® 0.00	Made \$ 0.00 \$ 0.00
Expenditures Made				Expenditures Limit Summary for State Candidates
6. Payments Made	Schedule E, Line 4	510.00	\$ 1,770.00	
7. Loans Made	Schedule H, Line 3	00.00	0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$	510.00	\$ 1,770.00	familia provincida de familia de podemo il
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	900.00	1,350.00	
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00	Date of Election Total to Date (mm/dd/yy)
11: TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$	1,410.00	\$ 3,120.00	y)
Current Cash Statement			To calculate Column B,	en
12. Beginning Cash Balance	Previous Summary Page, Line 16 \$	779.14	add amounts in Column A to the corresponding	• •
13. Cash Receipts	Column A, Line 3 above	0.00	of your last report. Some	h
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00	amounts in Column A may be negative figures that should be subtracted from	6
15. Cash Payments	Column A, Line 8 above	510.00	previous period amounts. If this is the first report being	69
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line	then subtract Line 15	269.14	filed for this calendar year, only carry over the amounts	
If this is a termination statement, Line 16 must be zero.			from Lines 2, 7, and 9 (if any).	

\*Amounts in this section may be different from amounts reported in Column B.

0.00

69

Schedule B, Line 2

17. LOAN GUARANTEES RECEIVED...

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....

19. Outstanding Debts .....

1,350.00 0.00

6 ↔

Add Line 2 + Line 9 in Column B above

See instructions on reverse

FPPC Form 460 (Jan/2016) FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Col

Amounts may be rounded

SCHEDULE A

Monetary	Monetary Contributions Received		to wrible dollars.	Statement covers period		CALIFORNIA ARC
				from 07/01/2021		
				12/31/2021		Page 4 of 16
SEE INSTRUCTIC	SEE INSTRUCTIONS ON REVERSE					
NAME OF FILER					I.D. NUMBER	MBER
Gloria Soto	Gloria Soto for Santa Maria City Council District 3 2022					1407086
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC. 31)	FER ELECTION TO DATE (IF REQUIRED)
		QNI				
Schedule	Schedule A Summary				* Contri	* Contributor Codes
1. Amount red (Include all	1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	         	\$	0.00	IND - ICOM -	ND - Individual COM - Recipient Committee
2. Amount rec	2. Amount received this period - unitemized monetary contributions of less than \$100	han \$100	1	0.00	OTH - OTY -	(ouner than Pir of SCC) OTH - Other (e.g., business entity) PTY - Political Party
a Total mone	3 Total monotany contributions received this period				SCC	small Contributor Committee

Total monetary contributions received this period.
 (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

0.00

TOTAL \$

SUBTOTAL \$

1,00 Schedule E Loans Rec

ochednie o - ran i		Amo	Amounts may be rounded	ed			SCF	SCHEDULE B - PART 1
Loans Received			to whole bollars.		Statement covers period 07/01/2021		CALIFORNIA FORM	460
PET MICHOLIVITANO AN DEUEDOE				#	12/3	12/31/2021	Page 5	of 16
NAME OF FILER							I.D. NUMBER	
Gloria Soto for Santa Maria City Council District 3 2022	uncil District 3 2022						1407086	980
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD, NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF. EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD **	(c) AMOUNT PAID OR (d) OUTSTANDING FORGIVEN THIS BALANCE AT CLOSE PERIOD *** OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(I) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				PAID		č		CALENDAR YEAR

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\* IND COM OTH PTY SCC

Loans received th Total Column (b)
---------------------------------------

0.00 <del>⇔</del> ı 

(May be a negative number) 0.00 \_ NET \$ ı 

IND - Individual
COM - Recipient Committee
COM - Recipient Han PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee \* Contributor Codes

PER ELECTION\*\*

69

RATE

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FORGIVEN

6

69

DATE INCURRED

DATE DUE

SUBTOTALS \$

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€\$

(Enter (e) on Schedule E, Line 3) FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

\*\* If required.

Powered by ISPolitical.com

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

Schedule B - Part 2 Loan Guarantors

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 2 CALIFORNIA 46 9 ₹ 1407086 FORM 9 LD. NUMBER Page Statement covers period 07/01/2021 12/31/2021 through

BALANCE OUTSTANDING TO DATE CUMULATIVE TO DATE CALENDAR DATE PER ELECTION (IF REQUIRED) AMOUNT GUARANTEED THIS PERIOD LENDER DATE LOAN IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) CONTRIBUTOR □□□□□ 88££8 Gloria Soto for Santa Maria City Council District 3 2022 FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) SEE INSTRUCTIONS ON REVERSE NAME OF FILER

69 SUBTOTAL

Enter on Summary Page. Line 17 only,

FPPC Form 460 (Jan/2016) FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Nonmonetary Contributions Received Schedule C

Amounts may be rounded to whole dollars.

SCHEDULEC 16 ŏ CALIFORNIA FORM I.D. NUMBER Page . Statement covers period 07/01/2021 12/31/2021 through from

Gloria Soto for Santa Maria City Council District 3 2022

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

DATE RECEIVED

AMOUNT/ FAIR MARKET VALUE DESCRIPTION OF GOODS OR SERVICES IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS) CONTRIBUTOR CODE \* FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)

PER ELECTION TO DATE (IF REQUIRED)

CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)

1407086

SCC SCC 

SCC SCC 

S ↔ ŧ 1 1 1 1 ı 2. Amount received this period - unitemized nonmonetary contributions of less than \$100 Total nonmonetary contributions received this period.
 (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)

I I I I I

(Include all Schedule C subtotals.) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ 1. Amount received this period - itemized nonmonetary contributions.

Schedule C Summary

0.00

0.00

TOTAL \$

1

ı

0.00

IND - Individual
COM - Recipiert Committee
COM - Recipiert than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

\* Contributor Codes

SUBTOTAL \$

œ Page I.D. NUMBER Statement covers period 07/01/2021 12/31/2021 through from Amounts may be rounded to whole dollars. Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures, and Committees NAME OF FILER 윤 |

16

₹

Gloria Soto	Gloria Soto for Santa Maria City Council District 3 2022				1407086	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution				
		Nonmonetary Contribution				
		Independent				
	Support Oppose					
SCHEDUL	SCHEDULE D SUMMARY					
1. Itemized c	1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	riod. (Include all Schec	dule D subtotals.)			0.00
2. Unitemize	2. Unitemized contributions and independent expenditures made this period of under \$100	period of under \$100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1	1 1 1 1 1	0.00

0.00

- - TOTAL \$

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)

SUBTOTAL \$

Payments Made Schedule E

Amounts may be rounded to whole dollars.

ŏ 6 Statement covers period 07/01/2021 12/31/2021 from

Page

LD. NUMBER

16

1407086

Gloria Soto for Santa Maria City Council District 3 2022

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CMP campaign paraphernalia/misc.

through

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TRS transfer between committees of the same candidate/sponsor VOT voter registration
WEB information technology costs (internet, e-mail)

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)\*
LEG legal defense
LIT campaign literature and mailings CNS campaign consultants CTB contribution (explain nonmonetary)\* CVC civic donations

AMOUNT PAID DESCRIPTION OF PAYMENT 8 CODE NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

OFC 1142 Adams Avenue Suite 103-550 San Diego, CA 92116

75.00

75.00

75.00

Integrated Solutions: Political

Integrated Solutions: Political

4142 Adams Avenue Suite 103-550

OFC

San Diego, CA 92116

4142 Adams Avenue Suite 103-550 Integrated Solutions: Political

OFC

OFC C

San Diego, CA 92116

4142 Adams Avenue Suite 103-550 Integrated Solutions: Political

San Diego, CA 92116

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

PPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

300.00

SUBTOTAL \$

75,00

#### Schedule E Payments Made

Amounts may be rounded to whole dollars.

16 ŏ CALIFORNI 10 FORM ID NUMBER Page . Statement covers period 07/01/2021 12/31/2021 through from

1407086

Gloria Soto for Santa Maria City Council District 3 2022 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

member communications CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)\* CNS campaign consultants

IND independent expenditure supporting/opposing others (explain)\* LEG legal defense FIL candidate filing/ballot fees FND fundraising events

CVC civic donations

campaign literature and mailings

postage, delivery and messenger services professional services (legal, accounting) MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messeng
PHO professional services (legal, at

PAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL 1x, or cable airtime and production costs
TRS candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TRS transiter between committees of the same candidate/sponsor VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC		75.00

# Schedule E Summary

2. Unitemized payments made this period of under \$100

375.00 \$ 1. Itemized payments made this period. (Include all Schedule E subtotals.)

135.00

6

0.00 \$ ŧ ŀ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

510.00 \_TOTAL \$ 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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75.00

**SUBTOTAL \$** 

### Accrued Expenses (Unpaid Bills) Schedule F

Statement covers period Amounts may be rounded to whole dollars.

CALIFORNIA Page \_\_ 07/01/2021 12/31/2021 through from

₫ 1407086 Ξ I.D. NUMBER

9

Gloria Soto for Santa Maria City Council District 3 2022

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MBR member communications

CMP campaign paraphernalia/misc, CNS campaign consultants CTB contribution (explain nonmonetary)\* CVC civic donations

FIL campaigne filtings of the second control of the second control

MTG meetings and appearances OFC office expenses
PET petition circulating
PHO phone banks

postage, delivery and messenger services POL polling and survey research
POS postage, delivery and messenger service
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs

RFD returned contributions
SAL campaign workers' salaries
TEL tv. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staffspouse travel, lodging, and meals
TRS staffspouse travel, lodging, and meals
VOI voter registration
WEB information technology costs ('internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMM TTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BA_ANCE AT CLOSE OF THIS PERIOD
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO	150.00	0.00	90°0	150.00

0.00 0.00 150,00 絽 226 East Canon Perdido Street C&I Consulting

150.00

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Santa Barbara, CA 93101

226 East Canon Perdido Streel Santa Barbara, CA 93101 C&I Consulting

226 East Canon Perdido Street Santa Barbara, CA 93101 C&I Consulting

4 SUBTOTALS Payments that are contributions or independent expenditures must also be summarized on Schedule D.

150.00 S 450.00

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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PRO

### Accrued Expenses (Unpaid Bills) Schedule F

Amounts may be rounded to whole dollars.

16 ŏ CALIFORN 12 Page \_\_ Statement covers period 07/01/2021 12/31/2021 through from

1407086 I.D. NUMBER Gloria Soto for Santa Maria City Council District 3 2022 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MBR member communications CMP campaign paraphernalia/misc.
CNS campaign consultants
CNS campaign consultants
CTB contribution (explain nonmonetary)\*
CVC civic donations
FIL candidate illing/ballof fees
FID fundraising events
IND independent expenditure supporting/opposing others (explain)\*
LEG legal defense
LIT campaign literature and mail ngs

MTG meetings and appearances

OFC office expenses
PET petition circulating
PHO phone banks
POL poling and survey research
POS postage, delivery and messenger serv ces
PRO professional services (legal, accounting)
PRT print ads

PAD radio airlime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airlime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TS staff/spouse reween committees of the same candidate/sponsor VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE ON DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BA_ANCE AT OLOSE OF THIS PERIOD
C&I Consulting 226 East Caron Perdido Street Santa Barbara, CA 93101	PRO	00.00	150.00	000	150.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO		150.00	0000	. 150.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO	0.00	150.00	0.00	150.00
C&I Consulting 226 East Canon Perdico Street Santa Barbara, CA 93101	PRO	0.00	150.00	0.00	150.00
* Payments that are contributions or independent expenditures must also be summanzed on Schedule D.	SUBTOTALS	\$ 0.00	\$ 600.00	\$ 0.00	\$ 600.00

## Accrued Expenses (Unpaid Bills) Schedule F

Amounts may be rounded to whole dollars.

9 ŏ 13 Page \_ Statement covers period 07/01/2021 12/31/2021 through from

1407086

I.D. NUMBER Gloria Soto for Santa Maria City Council District 3 2022 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MTG meetings and appearances MBR member communications

CNS campaign consultants
CTB contribution (explain nonmonetary)\*
CVC civic donations CMP campaign paraphernalia/misc.

FIL candidate filing/ballot fees

FND fundraising events
IND independent expenditure supporting/opposing others (explain)\*
LEG legal defense
LIT campaign literature and mailings

OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio aintime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidat
VOT voter registration
WEB information technology costs (internet, e-mail)

transfer between committees of the same candidate/sponsor

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OH DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO	0.00	150.00	00'0	150,00

# SCHEDULE F SUMMARY

INCURRED TOTALS \$ 1 1 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)

900.00

900.00

₩

0.00

PAID TOTALS \$

- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)
- Net change this period. (Subtract Line 2 from Line 1, Enter the difference here and on the Summary Page, Column A, Line 9.)

150.00 43 0.00 €> 150.00 S 00'0 69 SUBTOTALS ' Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) Schedule G

Amounts may be rounded to whole dollars.

9 ₽ CALIFORN Page 14 LD. NUMBER Statement covers period 07/01/2021 12/31/2021 through from

1407086

SCHEDULEG

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

MBR member communications
MTG meetings and appearances
OFC office expenses
PET perition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

IND independent expenditure supporting/opposing others (explain)\* LEG legal defense

LIT campaign literature and mailings

CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees FND fundraising events

CMP campaign paraphernalia/misc. CNS campaign consultants

PAD radio airlime and production costs

RED returned contributions

SAL campaign workers' salaries

TEL tv. or cable airlime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor VOT voter registration

WEB information technology costs (internet, e-mail)

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

TOTAL \* \$

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

<sup>••</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Loans Made to Others\* Schedule H

Amounts may be rounded to whole dollars.

SCHEDULEH (9) CUMULATIVE LOANS TO DATE CALENDAR YEAR PER ELECTION\*\* 16 ŏ 1407086 CALIFORNIA FORM DATE INCURRED 15 (f) ORIGINAL AMOUNT OF LOAN LD. NUMBER Page 5 (e) INTEREST RECEIVED RATE Statement covers period 07/01/2021 12/31/2021 69 (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD DATE DUE through from 4 (c) REPAYMENT OR FORGIVENESS THIS PERIOD \* FORGIVEN PAID ↔ 69 (b) AMOUNT LOANED THIS PERIOD 8 (a) OUTSTANDING
BALANCE
BEGINNING THIS
PERIOD 6 IF INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF- EMPLOYED, ENTER NAME
OF BUSINESS) Gloria Soto for Santa Maria City Council District 3 2022 FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER 1.D. NUMBER) SEE INSTRUCTIONS ON REVERSE NAME OF FILER

FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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SUBTOTALS

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E. Powered by IsPolitical.com

Schedule I Miscellaneo

Amounts may be rounded to whole dollars.

SCHEDULE I

Miscellane	Miscellaneous Increases to Cash	Statement covers period from 07/01/2021	CALIFORNIA 460
		through 12/31/2021	Page 16 of 16
SEE INSTRUCTIONS ON HEVERSE NAME OF FILER Gloria Soto for Santa M	SEE INSTRUCTIONS ON PEVERSE NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2022		1.D. NUMBER 1407086
DATE	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Schedule I Summary	Summary	00'0	

00.0 0.00 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) 2. Unitemized increases to cash of under \$100 this period.

1. Itemized increases to cash this period. - - - - - -

0.00

- - - TOTAL \$

SUBTOTAL \$